FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

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SEC USE ONLY

DATE RECEIVED

Serial

<u>Prefix</u>

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (Check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing ULOE Filing Under (Check box(es) that apply: ☐ Rule 504 Rule 505 □ Rule 506 Section 4(6) New Filing Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Balance Sheet Manager, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (650) 696-3803 330 Primrose Road, Suite 300, Burlingame, CA 94010 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Facilitates the sale and purchase of commercial loan participations Type of Business Organization Other (Please specify): Limited Partnership already formed Business Trust 🔲 Limited Partnership, to be formed Month Year 0 | 7 0 1 Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: Enter two-letter U.S. Postal Service abbreviation for State: D Ε CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filling must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filled with the SEC.

Filing Fee: There is no federal fee

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result na loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner	er of partnership is:	suers.			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Fisher, William					
Business or Residence Address (Number	and Street, City, S	tate, Zip Code)			
c/o Balance Sheet Manager, Inc., 330 Prin	mrose Road, Suite	300, Burlingame, CA 940	10		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			•		
Fisher, Michelle				<u> </u>	
Business or Residence Address (Number	and Street, City, St	ate, Zip Code)			
c/o Balance Sheet Manager, Inc., 330 Prin	nrose Road, Suite	300, Burlingame, CA 9401	0		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Barbara H. Young					
Business or Residence Address (Number	and Street, City, S	State, Zip Code)			
c/o Springcreek Corporation, 770 Tamalpa	ais Drive, Suite 210	0, Corte Madera, CA 9492	25		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
San Barita Associates XXI, a Calif	fornia limited partne	ership	<u> </u>		
Business or Residence Address (Number	and Street, City, St	ate, Zip Code)			
c/o Springcreek Corporation, 770 Tamalpa	ais Drive, Suite 210	, Corte Madera, CA 9492	5		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)					
Crandall, Karen					
Business or Residence Address (Number	and Street, City, S	State, Zip Code)			
c/o Balance Sheet Manager, Inc., 330 Pri	mrose Road, Suite	300, Burlingame, CA 940	110		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		•			
Business or Residence Address (Number	and Street, City, St	tate, Zip Code)			
(Use bi	ank sheet, or copy	and use additional copie	s of this sheet, as necess	ary.)	ı

2 of 8

B. INFORMATION ABOUT OFFERING									
Has the issuer sold, or does the issuer intend to sell, to nonaccredited investors in this offering?	Yes No □ ⊠								
Answer also in Appendix, Column 2, if filing under ULOE.									
What is the minimum investment that will be accepted from any individual?									
3. Does the offering permit joint ownership of a single unit?	Yes No □ ⊠								
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									
Full Name (Last name first, if individual)									
N/A									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Name of Associated Broker or Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States AL	. ☐ All States								
AL	мо 🗆								
MT	PA 🗆								
RI SC SD TN TX UT VT VA WA WA WO WI WI WY D	PR 🗆								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Cod≱									
Name of Associated Broker or Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
(Check "All States" or check individual States) AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL □ GA □ HI □	. ☐ All States ID ☐								
IL O IN O IA O KS O KY O LA OME O MD O MA O MI O MN O MS O	мо 🗆								
MT	PA □ PR □								
RI SC SD TN TX UT VT VA WA WA WI WI WY Full Name (Last name first, if individual)	<u> </u>								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Name of Associated Brokeror Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL	. ☐ All States								
IL O IN O IA O KS O KY O LA OME O MD O MA O MI O MN O MS O	мо 🗆								
MT	PA □ PR □								

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offeringand the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		regate ing Price	A	Amount iready Sold
	Debt	\$.00	\$.00
	Equity	\$ 1.	100,001 .27	\$	675,004.34
	☐ Common Preferred ☒			-	
	Convertible Securities (including warrants)	\$.00.	\$.00
	Partnership Interests	\$.00	\$.00.
	Other (Specify)	\$.00		.00
	Total	\$ 1.	100,001 .27		675,004.34
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. Forofferings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".		mber of restors	Do	Aggregate blar Amount Purchasers
	Accredited Investors	,	3	\$_	675,004.34
	Non-accredited Investors		<u> </u>		.00
	Total (for filings under Rule 504 only)			*_ \$.00.
	Answer also in Appendix, Column 4, if filing under ULOE.			Ψ	.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12)months prior to the first sale of securities in this offering. Classify securities by type listed in Part GQuestion 1.	T	/pe of	De	ollar Amount
	Type of Offering		curity	Ъ(Sold
	Rule 505			\$.00
	Regulation A			\$.00
	Rule 504			\$.00,
	Total			\$.00.
				-	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••		□\$_	.00
	Printing and Engraving Costs			□\$_	.00
	Legal Fees			⊠ \$_	20,000.00
	Accounting Fees			□ \$_	.00
	Engineering Fees			□\$.00
	Sales Commissions (specify finders' fees separately)			□\$.00
	Other Expenses (identify)			 □\$.00.
	Total			— ⊠\$	20,000.00

C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEED	<u>s</u>	<u> </u>	
and total expenses furnished in response to F	e offering price given in response to Pact C - Question 1 Part C - Question 4.a. This difference is the "adjusted			\$	490,000.00
for each of the purposes shown. If the amou	oss proceeds to the issuer used or proposed to be used int for any purpose is not known, furnish an estimate are total of the payments listed must equal the adjusted onse to Part C- Question 4.b above.	nd	Payment to Officers, Directors, & Affiliates		rment To Others
Salaries and fees		. □\$_	00	□\$.00
Purchase of real estate		. 🗆\$_	.00.	□\$.00
Purchase, rental or leasing and installation	of machinery and equipment	. 🗆\$.00	□\$.00
Construction or leasing of plant buildings	and facilities	. 🗆 \$_	.00.	□\$.00
may be used in exchange for the assets of	ne value of securities involved in this offering that or securities of another issuer pursuant to a merger)	_		□\$ □\$.00
			.00.	⊠s1.	<u>380,,0</u> 01.
		_		□\$.00
Column Totals					<u>,080</u> ,001
Total Payments Listed (column totals add	ed)		. ⊠\$ <u>1,∪</u>	80,01	<u> </u>
	D. FEDERAL SIGNATURE				<u> </u>
ollowing signature constitutes an undertaking b	ned by the undersigned duly authorized person. If this re y the issuer to furnish to the U.S. Securities and Exchan to any non-accredited investor pursuant to paragraph (b	notice is fi ige Comm	ission, upon		
Issuer (Print or Type)	Signature	31810	4-	·	
Balance Sheet Manager, Inc.			<u> </u>		
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
William Fisher	President				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
Is any party described in 17 CFR 230. such rule?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Yes	No 🖾
•	See Appendix, Column 5, for state resp	onse.		
The undersigned issuer hereby underta notice on Form D (17 CFR 239.500) a		r of any state in which this notice is filed, a		
The undersigned issuer hereby underta by the issuer to offerees.	kes to furnish to the state administrator	rs, upon written request, information furnishe	d .	
Uniform Limited Offering Exemption (L		s that must be satisfied to be entitled to the filed and understands that the issuer claimin ditions have been satisfied.	g	
The issuer has read the notification and kr by the undersigned duly authorized pe		aly caused this notice to be signed on its beha	lf	
Issuer (Print or Type)	Signature	Date		
Balance Sheet Manager, Inc.		3/8/04		
Name of Signer (Print or Type)	Title of Signer (Print or Type)			

President

Instruction.

William Fisher

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				<u> </u>	APPENDIX				
1	2 3 4					5			
	to non- investo	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of Investor and amount purchased in State (Part C-Item 2)				alifiction ate ULOE , attach ation of granted) -Item 1)
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Number of Number of Accredited Non-			Yes	No
AL			,						
AK					·	<u> </u>			
AZ									
AR									
CA		X	\$600,001.37	11	\$600,001.37				Х
co									
СТ									
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					<u>APPENDIX</u>						
1		2	3	3 4					5		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualifiction under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes No		Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No		
MT								*****			
NE			!								
NV											
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
ОК											
OR											
PA											
RI											
sc		X	\$25,000.99	1	\$25,000.99				X		
SD											
TN											
TX											
UT									ļ		
VT											
VA		X	\$50,001.98	11	\$50,001.98				X		
WA							<u> </u>		<u> </u>		
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WY		· · -									
PR	}			1			1	_	1		